

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.

10611241

FILING DATE

APPLICANT(S)

9-20-04		9-11-05		CLAIMS	
NO. FILES		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
NO.	DEP.	NO.	DEP.	NO.	DEP.
1					
2					
3					
4					
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49					
50					
TOTAL					
TOTAL					
TOTAL					
TOTAL					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS